




18	Amount from line 17 (Total Nebraska tax) . . . . .	18		
19	Nebraska <b>personal exemption credit for residents only</b> (\$106 per exemption) . . . . .	19		
20	Credit for tax paid to another state ( <b>attach</b> Nebraska Schedule II and the other state's return). Check this box if reporting AMT credit <input type="checkbox"/> . . . . .	20		
21	Credit for the elderly or disabled ( <b>attach</b> copy of Federal Schedule R/ Schedule 3 —see instructions) . . . . .	21		
22	CDAA credit (see instructions) . . . . .	22		
23	Form 3800N nonrefundable credit ( <b>attach</b> Form 3800N) . . . . .	23		
24	Form 829N credit (see instructions) . . . . .	24		
25	Nebraska child/dependent care credit, if line 5 is more than \$29,000 (see page 8 of instructions) . . . . .	25		
26	Nebraska Charitable Endowment Tax credit ( <b>Attach</b> statement — most taxpayers cannot claim this credit; see instructions to determine if you qualify) . . . . .	26		
27	Total nonrefundable credits (add lines 19 through 26) . . . . .	27		
28	Subtract line 27 from line 18 (if line 27 is more than line 18, enter -0-). <b>If result is more than your federal tax liability</b> (and line 12 is less than \$5,000), see instructions. If entering federal tax, check box <input type="checkbox"/> , and <b>attach</b> federal return copy . . . . .	28		
29	Nebraska income tax withheld ( <b>attach</b> 2006 Forms W-2, W-2G, 1099-R, 1099-MISC, or 14N) . . . . .	29		
30	2006 estimated tax payments (include 2005 overpayment credited to 2006 and any payments submitted with an extension request). . . . .	30		
31	Form 3800N refundable credit ( <b>attach</b> Form 3800N) . . . . .	31		
32	Nebraska child/dependent care refundable credit, if line 5 is \$29,000 or less (see page 9 of instr. and <b>attach</b> copy of Fed. Form 1040A, Sch. 2; Fed. Form 2441, or Nebraska Form 2441N). . . . .	32		
33	Beginning Farmer credit ( <b>attach</b> certificate) . . . . .	33		
34	Nebraska earned income credit. Number of qualifying children . . . . . <b>97</b> <input type="text"/> Federal credit <b>98</b> \$ <input type="text"/> .00 x .08 (8%). ( <b>Attach</b> federal return, pages 1 and 2 — see instructions) . . . . .	34		
35	Add lines 29, 30, 31, 32, 33, and 34 . . . . .	35		
36	Penalty for underpayment of estimated tax (from attached Form 2210N) (see instructions) . . . . .	36		
37	<b>Total tax and penalty for underpayment of estimated tax.</b> Add lines 28 and 36 . . . . .	37		
38	<b>TOTAL AMOUNT DUE.</b> If line 35 is less than line 37, subtract line 35 from line 37. Pay this amount in full. <b>For credit card payment check here</b> <input type="checkbox"/> <b>and see page 5 of instructions.</b> . . . . .	38		
39	If line 35 is more than line 37, subtract line 37 from line 35. This is the amount you <b>OVERPAID</b> . . . . .	39		
40	Amount of line 39 you want <b>APPLIED TO YOUR 2007 ESTIMATED TAX</b> . . . . .	40		
41	Nongame and Endangered Species Fund <b>DONATION</b> of \$1.00 or more . . . . . 	41		
42	Nebraska campaign finance <b>CONTRIBUTION</b> of \$1.00 or more . . . . .	42		
43	Amount of line 39 you want <b>REFUNDED</b> to you (line 39 minus lines 40, 41, and 42). <b>Allow three months for your refund, but if you file electronically and use Direct Deposit, you could receive your refund in 7-10 days. . .</b>	43		

### Expecting a Refund?

• Have it sent directly to your bank account! (see instructions on page 10)

44a	Routing Number <input type="text"/>	44b	Type of Account	Checking	Savings
(Enter 9 digits, first two digits must be 01 through 12, or 21 through 32; use an actual check or savings account number, not a deposit slip)					
44c	Account Number <input type="text"/>				



(Can be up to 17 characters. Omit hyphens, spaces, and special symbols. Enter from left to right and leave any unused boxes blank.)

Under penalties of perjury, I declare that, as taxpayer or preparer, I have examined this return and to the best of my knowledge and belief, it is correct and complete.

**sign here**

Keep a copy of this return for your records.

Your Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of Preparer if Other Than Taxpayer \_\_\_\_\_

Date \_\_\_\_\_

Spouse's Signature (if filing jointly, **both** must sign) \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_

Mail refund returns (or returns without payment) to: **NEBRASKA DEPARTMENT OF REVENUE, P.O. BOX 98912, LINCOLN, NE 68509-8912**  
Mail returns with payment to: **NEBRASKA DEPARTMENT OF REVENUE, P.O. BOX 98934, LINCOLN, NE 68509-8934**